| | Effective December 29, 1999 | | | | 101166050 | | | XL | |
|-----------|--------------------------------|---|----------|---|------------------|--------------------------------------|------------------------|----------|----------------|
| | | CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | SMALL | ENTITY | OR | OTHE |
| FO |)R | NUMBI | ER FILED | NUMBER | EXTRA | RATE | FEE | 1 1 | RATE |
| BA | SIC FEE | | | | | | 345.00 | OR | |
| то | TAL CLAIMS | a | 3 minus | 20= 3 | | X\$ 9= | | OR | X\$18= |
| | EPENDENT CI | | minus | 3= / | | X39= | | OR | X78= |
| MU | LTIPLE DEPENDENT CLAIM PRESENT | | | | +130= | | OR | +260= | |
| • If | the difference | nce in column 1 is less than zero, enter "0" in column 2 | | | | TOTAL | | OR | TOTAL |
| . , | 1.1 | CLAIMS AS AMENDED - PART II (L) (Column 1) (Column 2) (Column 3) | | | | SMALL | ENTITY | OR | OTHE |
| ATA | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE |
| - | Total | . 7 | Minus | •• | 5 . | X\$ 9= | | OR | X\$18= |
| NON | | | | | | | | | |
| MENDME | Independent | .2 | Minus | *** | = | X39= | | | _X78= |
| AMENDME | | • 2 INTATION OF M | | PENDENT CLAIM | | , | | ОR | _X78= +260= |
| AMENDMENT | | NTATION OF M | | | | X39= +130= TOTAL ADDIT. FEE | | OR OR | |

| RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9= | | OR | X\$18= | |
| X39= | | OR | X78= | |
| +130= | | OR | +260= | 1 |
| TOTAL ADDIT, FEE | | OR | TOTAL ADDIT, FEE | |

ADDI-TIONAL

ADDI-

FEE 690.00

| | | (Column 1) | | (Column 2) | (Column 3) | | |
|------|--|----------------------------------|-------|------------------------------------|------------------|--|--|
| ENTC | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | |
| 3 | Total | | Minus | •• | a | | |
| ME | Independent | • | Minus | ••• | = | | |
| ¥ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

ADDI-

RATE TIONAL **TIONAL** RATE FEE FEE X\$ 9= X\$18= OR X39= X78= OR +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE

[&]quot;If the entry in column 1 is I so than the entry in column 2, writ "0" in column 3.
"If the "Highest Number Pri viously Paid For" IN THIS SPACE is less than 20, enter "20."
"If the "Highest Number Pri viously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.